



**Report to the Legislature**

**Reinvesting in Youth (RIY)**

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# Reinvesting in Youth (RIY)

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## Reinvesting in Youth (RIY)

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### Executive Summary

The Washington Institute for Public Policy (WSIPP), in their October 2002 report *The Juvenile Justice System in Washington State: Recommendations to Improve Cost-Effectiveness*, referenced interim outcome results and concluded that research-based early intervention services work, but only when implemented competently.

The Department of Social and Health Services Juvenile Rehabilitation Administration (JRA) is required to establish a Reinvesting in Youth Program that awards grants to counties for implementing research-based early intervention services that target juvenile justice-involved youth and reduce crime.

A pilot program was created to test methods for reinvestment of state savings that result from local investments in evidence-based services for juvenile justice-involved youth. The pilot program will operate from December 1, 2005 to June 30, 2007 and is limited to three counties. For the pilot program established during the 2005-2007 biennium, only the following intervention service models shall be considered eligible for reimbursement: Aggression Replacement Training (ART), Functional Family Therapy (FFT), and Multi-Systemic Therapy (MST).

The three pilot programs were required to participate fully in the state quality assurance programs to ensure fidelity of program implementation.

The cost breakdown per youth for the pilot period of December 1, 2005 through June 30, 2006 was as follows:

Program	Total Program Costs	Total # of Participants	Average Cost
ART	\$69,011.35	47	\$1468.32
FFT	\$252,885.70	117	\$2161.42
MST	\$224,199.50	41	\$5468.28

In 2006, the WSIPP is required to update the calculations of savings resulting from implementation of the RIY Program. These findings will be published in a report due out in mid-October 2006 entitled *Future Prison Construction, Crime Rates, and Criminal Justice Costs: Evidence-Based Public Policy Options For Washington State*.

## **Introduction**

In 2006, the Legislature required the Washington State Institute for Public Policy (WSIPP) to publish a list of service models that are eligible for reimbursement through the Reinvesting in Youth (RIY) Program. The WSIPP was also required to update the calculations of savings as a result of these service models being implemented.

The Legislature also required the Juvenile Rehabilitation Administration (JRA) to report on the initial cost savings calculation methodology and the distribution formula provided by the WSIPP.

The following report will provide a background of the reinvesting in youth legislation; the list of service models currently being used in the three pilot programs – their rigorous quality assurance program standards and their client outcomes; the RIY Program costs; the cost savings calculation methodology; and next steps.

## **Background**

In 2003, the Legislature directed the Washington State Institute for Public Policy (WSIPP) to review research assessing the effectiveness of prevention and early intervention programs concerning children and youth. The Legislature required the WSIPP to use the research to identify specific research-proven programs that produce a positive return on the dollar compared to the costs of the program. The WSIPP was also required to develop criteria designed to ensure quality implementation and program fidelity of research-proven programs in the state.

As part of this project, the Legislature also directed the WSIPP to investigate ways in which local government can be encouraged to develop economically attractive prevention and early intervention programs.

As a result of the study, the WSIPP found that some prevention and early intervention programs for youth can give taxpayers a good return on their dollar. The study identified several programs that, if properly implemented, are likely to reduce taxpayer and other costs in the future. The WSIPP developed a table that summarized the benefits and costs of the specific research-proven programs that were evaluated.

In addition to evaluating specific programs, the WSIPP recommended that the state determine a set of research-based prevention and early intervention programs that would be eligible for reimbursement. The WSIPP recommended establishing an entity to develop a list of approved research-based prevention and early intervention programs. The WSIPP also identified a set of methods to be used as tools to help identify those programs that produce the best return for taxpayers.

The WSIPP also found that another responsibility of the state entity might be to develop an incentive reimbursement methodology for review by the Legislature and Governor. The purposes of the reimbursement formula would be to ensure that (1) the state receives high-quality implementation of the research-based programs by local government, and (2) local government

receives a portion of the benefits that would otherwise accrue to the state as a result of the implementation of a successful prevention or early intervention program. The programs chosen must then be implemented with quality control and program fidelity.

The enacted 2005-07 state budget transferred \$997,000 in state funding from the Governor's Juvenile Justice Advisory Committee to the Juvenile Rehabilitation Administration for the establishment of a Reinvesting in Youth pilot program that awarded grants to counties for implementing research-based early intervention services that target juvenile justice-involved youth and reduce crime.

The three RIY pilot programs are in Benton/Franklin Counties, Jefferson/Kitsap Counties, and King County

### **Quality Assurance to Maintain Rigorous Program Standards**

For the purpose of the RIY pilot programs, the existing work of the Community Juvenile Accountability Act (CJAA) was used as a guide for implementation.

To ensure program integrity, to meet evaluation standards, and to continuously identify and resolve program issues, Aggression Replacement Training (ART), Functional Family Therapy (FFT), and Multi-Systemic Therapy (MST) have mandatory quality assurance measures.

WSIPP, in their October 2002 report *The Juvenile Justice System in Washington State: Recommendations to Improve Cost-Effectiveness*, referenced interim outcome results and concluded that CJAA research-based programs work, but only when implemented competently. The report further recommended an improved form of quality control in order to ensure cost beneficial reductions in recidivism. Following this recommendation JRA, in consultation with WSIPP and the CJAA Advisory Committee, developed an enhanced quality assurance process which is further explained in the Aggression Replacement Training and Functional Family Therapy sections of this report. Each year, JRA in conjunction with the CJAA Advisory Committee, continues to look for avenues to improve quality improvement to support these evidence-based interventions.

In December 2003, WSIPP published a *Quality Control Standard: Washington State Research-Based Juvenile Offender Programs*, which details recommendations for the quality assurance plans for research-based interventions. The enhanced quality assurance plans for the CJAA projects are in compliance with the recommended standards detailed in the Institute's report. Additional data has been added to the quality assurance sections of the report to meet the recommendations from that report.

### **Aggression Replacement Training (ART)**

#### **ART Quality Assurance**

ART is a cognitive-behavioral intervention that is delivered three times per week over a ten-week period to groups of six to twelve juveniles. To effectively implement ART in Washington State, motivators were developed to encourage at-risk youth to attend three groups per week for

ten weeks. While there is research on the effectiveness of ART, there was no blueprint for statewide implementation. Two of the three pilot sites utilize ART in their RIY program.

Court and contracted staff from the two pilot sites attended training sessions for ART. There is a full-time in-state ART Quality Assurance Specialist who chairs the statewide Quality Assurance (QA) group with representatives from each county advising on the curriculum, training, and implementation. The ART Quality Assurance process was redefined in March 2003 in order to enhance the level of review and feedback that is available to local trainers across the state. This process for additional feedback has been in effect for this reporting period and is making a difference in the quality of the delivery of programs across the state.

A primary component of this QA enhancement is the addition of consultants that work with the trainers from each program on a monthly basis providing technical assistance and consultation related to model adherence. The consultants review video tapes of active trainers delivering the intervention. Each active trainer is required to be taped annually, delivering each of the three program components. As with the FFT quality assurance, this enhancement is primarily motivated by the WSIPP findings regarding the critical nature of program fidelity and model adherence for the achievement of outcomes, which was further supported in the final outcome evaluation.

### **ART RIY Pilot Results**

From December 1, 2005, through June 30, 2006, the RIY pilot sites have reported the following results for youth participants:

- A total of 86 moderate-to-high risk probation youth have been referred to ART groups.
- Of these 86 referred youth, 48 participated in at least one ART group. Of these 48 youth who participated, 30 have completed the ART program (73% completion rate) and 7 youth were still involved in the program as of June 30, 2006.
- Of these 48 participating youth, 11 did not successfully complete the ART program. Reasons for not successfully completing include but are not limited to: absconding from probation, removal because of noncompliance, transportation barriers, moving from the area, and refusal to attend despite court sanctions. Work will continue in an effort to identify system changes that may increase the completion rate.

## **Functional Family Therapy (FFT)**

### **FFT Quality Assurance**

FFT, a family-based service, is conducted for an average of 16 weeks. The program emphasizes engaging and motivating families in order to achieve specific, obtainable changes related to repeat criminal behavior. All three of the pilot sites utilize FFT in their RIY program.

WSIPP completed research on FFT in January 2004. This research examined FFT as provided in Washington to determine if it cost effectively reduced repeat criminal behavior. The report indicated that when FFT was provided with fidelity, a 38 percent reduction in recidivism was

accomplished. The full report can be found at their website: [www.wsipp.wa.gov](http://www.wsipp.wa.gov). These results add further emphasis to the recent efforts to provide greater quality control to the FFT program.

The three FFT pilot sites are demographically diverse and are located in cities, remote/rural areas, and regions centered on medium-sized communities. FFT therapists are either juvenile court service employees or contracted service providers.

With the ongoing needs of a large scale multi-site implementation, JRA provides statewide oversight of training and program fidelity for FFT. Recently Dr. Tom Sexton (Indiana University), an experienced FFT clinician and principal researcher, collaborated with JRA and the juvenile courts to implement a new quality assurance and quality improvement plan. FFT therapists receive on-going clinical consultation, mutual support and accountability from trained FFT consultants in Washington State. The Washington model has become the consultation model nationwide and is even being used by FFT providers in the Netherlands.

FFT therapists receive on-going training on the practical application of this complicated intervention. Through biweekly clinical consultations and training sessions, Washington FFT clinical consultants and contracted FFT experts assess Washington State therapists for clinical competence and adherence to the FFT model. Assessments provide the therapists with ongoing feedback that will ultimately improve services.

The quality assurance process was enhanced in October 2003. The goal of the enhancements is improved model fidelity. The quality assurance plan, developed by JRA in coordination with WSIPP, Dr. Tom Sexton, and WAJCA, has been in place since October 2003.

### **FFT RIY Pilot Results**

From December 1, 2005, through June 30, 2006, the RIY pilot sites have reported the following results for youth and family participants:

- 171 moderate-to-high risk probation youth with risk factors in their current living situation were referred to FFT therapists.
- 113 families participated in the FFT intervention; with 65 families successfully completing (87% completion rate) and 44 still involved in FFT as of June 30, 2006.
- 4 families did not successfully complete FFT. Reasons for not completing are varied and can include families moving from the area, families refusing treatment, and families participating in other treatment.

## **Multi-Systemic Therapy (MST)**

### **MST Quality Assurance**

MST is a family intervention that is conducted for an average of four months. The intervention targets specific factors around youth and their environment that contribute to anti-social behavior. It is typically provided in the home and the therapists, who have very small caseloads, are available 24 hours a day, 7 days a week. Only one of the three pilot sites is utilizing MST in their RIY program.

Close oversight of MST implementation is being conducted by MST Services of South Carolina. Initial and ongoing training, site visits, and on-going clinical consultation are provided by MST Services and are partially subcontracted out to the University of Washington. Ongoing training and consultation from MST services continues to be funded with CJAA funds.

MST teams are organized around a Ph.D. who has on-site clinical oversight of a group of Masters level therapists. Clinical consultation is received on a weekly basis from the University of Washington and MST Services.

### **MST RIY Pilot Results**

From December 1, 2005, through June 30, 2006, the RIY pilot reported the following results:

- 37 moderate-to-high risk probation youth with risk factors in their current living situation were referred to MST therapists.
- 29 youth and families participated in the program with 13 families completing the MST intervention; 14 families were still involved in MST as of June 30, 2006.
- 2 families did not successfully complete MST. Reasons for not completing are varied and can include families moving from the area, families refusing treatment, and families participating in other treatment.

### **RIY Program Costs**

Using the CJAA program costs as a basis for the RIY program, the estimated average cost per youth was:

- Aggression Replacement Training                      \$ 897.00
- Functional Family Therapy                                \$2,325.00
- Multi-Systemic Therapy                                    \$4,264.00

As of June 2006, the total program costs to the RIY program as well as the number of youth served in each program are:

<b>Program</b>	<b>Total Program Costs</b>	<b>Total # of Participants</b>	<b>Average Cost</b>
ART	\$69,011.35	47	\$1468.32
FFT	\$252,885.70	117	\$2161.42
MST	\$224,199.50	41	\$5468.28

### **Cost Saving Calculation Methodology**

In 2006, the WSIPP is required to update the calculations of savings resulting from implementation of the RIY Program and the Technical Advisory Committee to the program will review, comment, and approve the WSIPP findings. The WSIPP is required to periodically update the methodology for cost savings calculations, and they must report the estimated savings and avoided costs to the Legislature. These findings will be published in a report due out in mid-



October 2006 entitled *Future Prison Construction, Crime Rates, and Criminal Justice Costs: Evidence-Based Public Policy Options For Washington State*.

## **Next Steps**

The JRA will continue to strive to meet the RIY Program requirements outlined by the Legislature. In the coming months the Technical Advisory Committee will have its members identified and begin to meet; the process for local county governments to apply for program participation will be in place; and an established distribution formula to provide funding to local county governments that are implementing the program will be identified.

## **Appendix**

### **Juvenile Rehabilitation Administration List of Acronyms and Terms**

- **ACA:** American Correctional Association. A national association that develops standards for correctional facilities, jails, and detention facilities.
- **ART:** Aggression Replacement Training. A Cognitive Behavior Therapy program using skill building that has been rigorously evaluated and reduces recidivism with juvenile offenders.
- **ARY:** At-Risk Youth. A petition that may be filed to obtain assistance and support from the juvenile court in maintaining the care, custody, and control of the child and to assist in the resolution of family conflict.
- **BTC:** Basic Training Camp (Camp Outlook). The Juvenile Offender Basic Training Camp administered by the Juvenile Rehabilitation Administration and located near Connell.
- **CA:** Children's Administration. An administration within the Department of Social and Health Services.
- **CBT:** Cognitive Behavior Therapy. A wide ranging treatment approach using behavioral and cognitive change strategies that in evaluations has been effective in reducing recidivism.
- **CCDA:** Community Commitment Disposition Alternative. A sentencing alternative offered through the juvenile courts.
- **CDDA:** Chemical Dependency Disposition Alternative. A program giving youth with chemical and substance abuse issues a disposition alternative in the community offered through the juvenile courts.
- **CF:** Community Facility. JRA's minimum security facilities which are state operated or privately run through a contract with JRA.
- **CHINS:** Child In Need of Services. A petition that may be filed to obtain a court order mandating placement of the child in a residence other than the home of his/her parent because a serious conflict exists between the parent and child that cannot be resolved by delivery of services to the family during continued placement of the child in the parental home.
- **CJAA:** Community Juvenile Accountability Act. State-funded program that supports evidence-based treatment for youth on probation in the juvenile courts.
- **CJCA:** Council of Juvenile Correctional Administrators. A national association of juvenile justice administrators.

- **CJS:** Consolidated Juvenile Services at risk. A program that provides funds to local juvenile courts for the purpose of serving youth on probation.
- **CRA:** Community Risk Assessment. A tool used by JRA to determine eligibility for a youth's placement in the boot camp or a community facility.
- **DASA:** Division of Alcohol and Substance Abuse. A division within the DSHS Health and Rehabilitative Services Administration.
- **DBT:** Dialectical Behavior Therapy. An empirically supported type of CBT that reduces maladaptive behaviors and recidivism with juvenile offenders.
- **Detention Facility:** A secure facility operated by juvenile courts to house youth for fewer than 30 days.
- **Diversion:** An alternative to formal court processing available to some youth who have committed certain offenses for the first or second time.
- **DOSA:** Drug Offender Sentencing Alternative. The adult drug offender sentencing alternative similar to the juvenile CDDA program.
- **DSHS:** Department of Social and Health Services.
- **EBP:** Evidence-Based Program. A program that has been rigorously evaluated and has shown effectiveness at addressing particular outcomes such as reduced crime, child abuse and neglect, or substance abuse. These programs often have a cost benefit to taxpayers.
- **EGCC:** Echo Glen Children's Center. A Juvenile Rehabilitation Administration residential facility located in Snoqualmie most females with mental health and other medical needs and younger males.
- **FFP:** Functional Family Parole. A parole model, delivered by parole counselors that is based on the Functional Family Therapy approach, an evidence-based model for reducing juvenile recidivism.
- **FFT:** Functional Family Therapy. An evidence-based family treatment model that reduces recidivism by juvenile offenders.
- **FIT:** Family Integration Transitions program. A version of Multi-Systemic Therapy that is an evidence-based family intervention model used by JRA to treat youth with co-occurring disorders.
- **GHS:** Green Hill School. A Juvenile Rehabilitation Administration residential facility located in Chehalis serving older males.
- **IAP:** Intensive Aftercare Program. A nationally recognized evidence-based model of transition and reentry for high-risk juvenile offenders.

- **IP:** Intensive Parole. The JRA model of IAP.
- **ISCA:** Initial Security Classification Assessment. The JRA's validated risk tool for determining in which facility to place a youth committed to state care.
- **ITM:** Integrated Treatment Model. JRA's rehabilitation model using CBT/DBT interventions for residential youth followed by FFP for community youth.
- **JRA:** Juvenile Rehabilitation Administration. The Department of Social and Health Services administration responsible for the rehabilitation of court-committed juvenile offenders.
- **JVIP:** Juvenile Vocational Industries Program. A program that provides JRA youth opportunities for vocational training and jobs within a JRA facility.
- **MHDA:** Mental Health Disposition Alternative. A disposition alternative offered through the juvenile courts.
- **MHSD:** Mental Health Systems Design. A JRA committee that reviewed the mental health needs of youth in JRA.
- **MHTP:** Mental Health Target Population. A subset of JRA's population composed of youth that meet at least one of three criteria:
  - (1) A current DSM-IV Axis I diagnosis, excluding those youth who have a sole diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency;
  - OR
  - (2) Is currently prescribed psychotropic medication;
  - OR
  - (3) Has demonstrated suicidal behavior within the last six months.
- **MI:** Manifest Injustice: A term that refers to a decision to sentence a youth to a term of confinement outside the standard range set by statute.
- **MLS:** Maple Lane School. A JRA residential facility located near Centralia serving older males.
- **MST:** Multi-Systemic Therapy. An evidence-based family treatment model that reduces juvenile offender recidivism.
- **NCCHC:** National Council on Correctional Health Care. The organization that sets the national standards for health care followed by JRA.
- **NYC:** Naselle Youth Camp. A JRA residential facility located near Naselle serving medium security male and female youth.

- **Revocation:** A short term of confinement imposed by JRA on youth under parole supervision for violations of their parole condition(s). Each term of revocation may be no longer than 30 days.
- **RIY:** Reinvesting in Youth. State-funded program that supports evidence-based treatment for youth on probation in the juvenile courts.
- **RTCP:** Residential Treatment and Care Program. A JRA program for minimum security youth that is based on the “*Blueprint Program*” Multi-Dimensional Treatment Foster Care.
- **SAVY:** Sexually Aggressive/Vulnerable Youth screen. A screening tool used by JRA to identify youth with a history of sexual aggression or sexual vulnerability. The screening tool is used to determine youth suitability for shared sleeping facilities.
- **SAY:** Sexually Aggressive Youth.
- **SDA:** Suspended Disposition Alternative. A disposition alternative offered through the juvenile courts.
- **SSODA:** Special Sex Offender Disposition Alternative. A disposition alternative offered through the juvenile courts for juvenile sex offenders.
- **SSOSA:** Special Sex Offender Sentencing Alternative. A disposition alternative for adult sex offenders.
- **WAJCA:** Washington Association of Juvenile Court Administrators.
- **WSIPP:** Washington State Institute for Public Policy.
- **YOP:** Youthful Offender Program. A program to serve individuals under 18 who were prosecuted as adults. These individuals are may be housed in JRA facilities.